



26207

# Youth Services Survey for Families (YSS-F)

## ENG FAMILY

County Code	Youth's CSI Client Number	Youth's Social Security Number	Youth's Date of Birth	Youth's Ethnic Group
0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 / 0 0 / 0 0 0 0	<input type="radio"/> Caucasian
1 1 1	1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1	1 1 1 / 1 1 / 1 1 1 1	<input type="radio"/> Hispanic
2 2 2	2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2	2 2 2 / 2 2 / 2 2 2 2	<input type="radio"/> African-Amer
3 3 3	3 3 3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3 3 3	3 3 3 / 3 3 / 3 3 3 3	<input type="radio"/> Asian
4 4 4	4 4 4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4 4 4	4 4 4 / 4 4 / 4 4 4 4	<input type="radio"/> Other
5 5 5	5 5 5 5 5 5 5 5 5 5	5 5 5 5 5 5 5 5 5 5	5 5 5 / 5 5 / 5 5 5 5	
6 6 6	6 6 6 6 6 6 6 6 6 6	6 6 6 6 6 6 6 6 6 6	6 6 6 / 6 6 / 6 6 6 6	
7 7 7	7 7 7 7 7 7 7 7 7 7	7 7 7 7 7 7 7 7 7 7	7 7 7 / 7 7 / 7 7 7 7	
8 8 8	8 8 8 8 8 8 8 8 8 8	8 8 8 8 8 8 8 8 8 8	8 8 8 / 8 8 / 8 8 8 8	
9 9 9	9 9 9 9 9 9 9 9 9 9	9 9 9 9 9 9 9 9 9 9	9 9 9 / 9 9 / 9 9 9 9	
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Please help our agency make services better by answering some questions about the services you received OVER THE LAST 6 MONTHS. Your answers are confidential and will not influence current or future services you receive. Please indicate if you Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree with each of the statements below.

For each survey item below, please fill in the circle that corresponds to your choice.

Please fill in the circle completely.

Example: Correct ☒ Incorrect ☒ Strongly Disagree Disagree Undecided Agree Strongly Agree

1. Overall, I am satisfied with the services my child received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose my child's services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose my child's treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping my child stuck with us no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt my child had someone to talk to when s/he was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in my child's treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The services my child and/or family received were right for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Services were available at times that were convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family got the help we wanted for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family got as much help as we needed for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my family's religious / spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural / ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>As a result of the services my child or family received:</b>					
16. My child is better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child gets along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child gets along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My child is doing better in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child is better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>